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Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000003890 (0)**

1. Corporation Name

GARNET CLUB AT SAPPHIRE LAKES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**8001 RADIO ROAD
NAPLES FL 33942**

**1044 CASTELLO DRIVE
SUITE 208
NAPLES FL 33940
US**

2. Principal Place of Business

2a. Mailing Address

21 **P.O. Box 9709**

2a **P.O. Box 9709**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 **Naples, FL**

28 **Naples, FL**

Zip

Country

Zip

Country

24 **34101**

25 **US**

29 **34101**

30 **US**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/08/1994

4. FEI Number

65-0581150

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

**SOUTHWEST PROPERTY MANAGEMENT CORP.
1044 CASTELLO DRIVE, SUITE 208
NAPLES FL 33940**

81 Name

Stephen P. H. L.

82 Street Address (P.O. Box Number is Not Acceptable)

Collier Financial, Inc.

83

4985 East Tamiami Trail

84 City

Naples

FL

85 Zip Code

34113

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **[Signature]**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

4/13/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD** ☒ DELETE

NAME **SHOCKLEY, KENNETH**
STREET ADDRESS **8001 RADIO ROAD**
CITY-ST-ZIP **NAPLES FL**

1.1 TITLE **VPD** ☐ Change ☒ Addition

1.2 NAME **Charles Giannino**
1.3 STREET ADDRESS **250 Gabriel Circle #7**
1.4 CITY-ST-ZIP **Naples, FL 34104**

TITLE **PD** ☒ DELETE

NAME **JEDA, RON**
STREET ADDRESS **8001 RADIO ROAD**
CITY-ST-ZIP **NAPLES FL**

2.1 TITLE **3D** ☐ Change ☒ Addition

2.2 NAME **Erwin Leshaw**
2.3 STREET ADDRESS **218 Gabriel Circle #5**
2.4 CITY-ST-ZIP **Naples, FL 34104**

TITLE **STD** ☐ DELETE

NAME **SCHUEDDIG, CHARLES W**
STREET ADDRESS **154 GABRIEL CIR. #1**
CITY-ST-ZIP **NAPLES FL**

3.1 TITLE **PD** ☒ Change ☐ Addition

3.2 NAME **Naples, FL 34104**
3.3 STREET ADDRESS **Naples, FL 34104**
3.4 CITY-ST-ZIP **Naples, FL 34104**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE **TD** ☐ Change ☒ Addition

4.2 NAME **Ruth Johnson**
4.3 STREET ADDRESS **186 Gabriel Circle #10**
4.4 CITY-ST-ZIP **Naples, FL 34104**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE **D** ☐ Change ☒ Addition

5.2 NAME **Karl Yokie**
5.3 STREET ADDRESS **218 Gabriel Circle #10**
5.4 CITY-ST-ZIP **Naples, FL 34104**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Charles Giannino 4-13-98 V.P.**

CR2E037 (10/97)